State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE. CORRECT AND COMPLETE

NOE. CORRECT AND GUMPER

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Miscemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-18.)

FOR OFFICE USE ONLY

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Judy Levine 12558 Highlands Place	Contributions:  ☑ Direct ☐ In-Kind (describe)	11	see page 2 of 3	ir Jedkumc
Fishers In 46038.	Other Receipts:	a to rollegues since renta since a cons	ed selos 1900 al notiermela los centa Ti	118400003 1 1800
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Joel and Darlene Musselman 18244 Promise Road	☑ Direct ☐ In-Kind (describe)	KONTER BIH	200	COLUMN A
Noblesville IN 46060	Other Receipts:  Interest Lcan Misc (specify)	T-SABY EN	TAJUMUD	3 100
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William Solomon 11660 Solomons Court	Contributions:  Direct In-Kind (describe)	er en dans	600	
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Walt Kelly 12510 Kelly Place	Contributions:  Direct In-Kind (describe)		500	
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Suzanne Mills 68 South Ninth Street Apt 6 Noblesville In 46060 Contributor's Occupation (Frequired)	Contributions:  Direct In-Kind (describe)  Procint Maps  Brochures  Other Receipts:  Interest I Loan  Misc (specify)	to relegance theo mile inco a grine	380.28	Tandimina Tandimina Tandimina Mil
Phil and Mary Henderson 14380 E 281st Street	Contributions:  ☑ Direct ☐ In-Kind (describe)	AIS PERIO	150	WWITTOO
Arcadia In 46030  Contributor's Occupation (if required)	Other Receipts:	VE YEAR-	CUMULAT 0-date.	3 * **** **** **** ****
Paul and Karin Ricketts 7257 Murphy Drive	Contributions:  Direct In-Kind (describe)	males rise at dromers bic serion to	200	OATE REC
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Art and Judy Levine 12558 Highlands Place	Contributions:  ☐ Direct ☐ In-Kind (describe)	OF SOMEO OTAL OF ALL OF SUMEO	400	TO TALL OF
Fishers In 46038  Contributor's Occupation (frequired)	Other Receipts:	pi nidi tahe sa	A, A elebaroli	
Rosalie Morey 7270 Cak Cove Lane	Contributions:  Direct In-Kind (describe)		500	
Noblesville IN 46060 Contributor's Occupation (M required)	Other Receipts:  ☐ Interest ☐ Loan ☐ Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Jim and Robin Mills 23015 Overdorf Road	Contributions:  Direct In-Kind (describe)	to to aserbbs	800	Strate us Tord
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Reliable Fab & Manufacturing 1780 South Tenth Street	Contributions:  Direct In-Kind (describe)	o lin to aserbb	500	ii cinîî .(eétlirî
Noblesville IN 46060	Other Receipts:  Interest Loan  Misc (specify)	udhinos s p Sh TO RO	TRIBUTION	100 FD 31
Envoy Inc. 6330 & 75th Street	Contributions:    Direct   In-Kind (describe)	10 703	250 <sub>UOI</sub>	The market
Suite 204 Indianapolis IN 46250	Other Receipts:  Interest Loan  Misc (specify)	YEAR-TO-	MULATIVE	De
CLC Services Inc. 8900 Keystone Crossing 940	Contributions:  Olirect In-Kind (describe)	e vi - Alnom	200 0	ly aviesar estim
Indianapolis IN 46240	Other Receipts:	estimmor e	M netrifi (Y)	a to
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
1. Builders Association of Greater Indianapolis	Contributions:  Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
PO BOX 44670 Indianapolis In 46244-0670	Other Receipts:			
receipts over \$100 within a quiendar year (\$200 if regular pury	Misse (specify)	ile to a satisfie and principles	estiliani brili m	167 167 tambere
Metropolitian Indianapolis Board of Realtors	Contributions:  Direct In-Kind (describe)	a bu	1000	PORTANT
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tve contributions, including in-line, transpars-is, or other receipts	Contributions:  Direct In-Kind (desarbe)	E YEAR-TO	UMULATIN	DEUMN B C
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and replayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
Committee to Elect Prister 774 Forest Ridge Drive	Contributions:  Direct In-Kind (describe)	address of eac date's coramit	150 grillem tirte en tirteo) environd	en ha edj. win o holilipo e mo
Noblesville IN 46060	Other Receipts:  Interest I Loan Misc (specify)  Votors Reg List			
Reelect Ward Surveyor 107 Waterman Drive	Contributions:  Direct In-Kind (describe)	Se in restable	500	Mr. Adalasan
Noblesville IN 46060 and a servery	Other Receipts:  Interest Loan Misc (specify)	ING A CONTRE	: When eate NTRIBUTIC	DS T. I.Y
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 (CFA-4 SCHEDULE B)
Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entitles OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE COLUMN B DATE OF EXPENDITURE
Staples	office Supply Store	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	_	144.12
16751 Clover Rd Noblesville IN 46060		Purpose: Copies, Enevlopes. Disk, Staple guns, Staples		
Noblesville Post Office	Postal	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other		528.00
Noblesville IN 46060-9998		Purpose: Postage		
Premium Specialist 789 S. McMulka Dr.	Campaign Supplies	☐ Direct ☐ In-Kind ☐ Payment of Deot ☐ Returned Contribution ☐ Other		126.48
Kankakee, IL 60901		Purpose: Magnets		
Gode A Hamilton County Clerk	Government office	☐ Olirect ☐ In-Kind ☐ Psyment of Deot ☐ Returned Contribution ☐ Other		300
Noblesville IN 46060		Purpose: Voter Registration List		
America's Campaign Store PO BOX 1612	Campaign Supplies	☑ Direct ☐ In-Kind ☐ Payment of Dept ☐ Returned Contribution ☐ Other		2742.07
Jeffersonville In47131-1612		Purpose: Signs, Buttons		
Sharp Printing Service 8645 & 116th Street	Printer	☑ Direct ☐ In-Kind ☐ Payment of Deot ☐ Returned Contribution ☐ Other		6311.57
Fishers IN 46038		Purpose: Posters, Mailers		
Fax Dailey	Advertisement (Media)	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other		190
6219 N. Guilford Ste A Indpls IN 46220		Purpose: Advertising		
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 (CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17s of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Davco Broadcasting PO Box 463 Noblesville IN 46060	Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		528	
Code A  Kinko's 7800 E 96th Street Fishers IN 46038	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Brochurc's		254.05	
Logan Street Sign + Banner 1720 South 10th St Noblesville IN 46060	Campaign Supplies	Direct In-Kind Payment of Dept Returned Contribution Other Purpose: Door Hangers		315	
Time Warner 987 Keystone Way Carmel IN 46032	media	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:		918	
Suzanne Mills 68 South Ninth St Apt6 Noblesville IN 46060	Individual	Direct Zin-Kind Payment of Deot Returned Contribution Other Purpose: Precinc+ Maps Brochures		380.28	
Topics 13095 Publishers Drive Fishers IN 46038	media	☑ Direct ☐ In-Kind ☐ Payment of Deot ☐ Returned Contribution ☐ Other ☐ Purpase;		425.25	
Metro North 1350 S Rangeline Rd Carmel IN 46032	media	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:		525	
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 (CFA-4 SCHEDULE B) Itemized Expenditures

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Page	3	af	3	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200) if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code C. GOP Breakfast Club 44 So 8th Street Noblesville IN		Direct   In-Yind   Payment of Debt   Returned Contribution   Other   Purpose:		125	
Code C. Hamilton County GOP 44 SO 8th Street		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other		150	
Noblesville IN 46060 Code O   Jim & Robin Mills		Hole Sponsorshi p  Direct In-Kind Psyment of Dept Returned Contribution Cother Loan		111.86	
23015 Overdorf Rd Cicero IN 46034		Purpose: Repayment of Loan			
Code		Direct In-Kind Payment of Dept Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Deot Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Deot Returned Contribution Other			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE NUMBER	Į
Page	l of l	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

	P	PUBLIC QUESTION INFORMATION		d for this actie	
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Type of Question: Statewide Local Position: Supported Opposed	il Jaset			regritte box in	nge mm xiperi
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

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of

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS. (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	GUTSTANDIN BALANCE TH PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State F	orm 4606	(R9 / 11-99	)	
Indiana	Election	Commission	(IC 3-9-	5-14)
Approve	ed by Sta	te Board of	Accounts	1999

Page	1	of	ise biri		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	CO-SIGNER'S NAME AND MAILING ADDRESS( if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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